Application or Dock 1 Number 0.027370  Effective October 1, 2001								
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) OR SMALL ENTITY								
TOTAL CLAIMS	21	1}.		ATE.	FEE		_RATE	·FEE
FOR	MUMBER FRED	MIMBER EXTRA	889	ç	OSOTE	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS	W minus 20-	· (6.7)	×	8 <b>6</b> = .		OR	X\$18-	/8.
INDEPENDENT CLAIMS.	2 minus 3		l Tx	<b>12</b> .		OR	X84=	
M. CTIPLE DEPENDENT CLAIM P	RESENT			40-		OR	+280=	
if the difference in column 1 is	less than zero ente	LO, ju colnuù 5	<del> </del>			OR	TOTAL	758
and the second second second	MENDED PAR			TAL.			OTHER	
Column 1)	Con	****		J-77.41	795	ioa L	SMALL	ADDI-
BESLANDING SAFTER	A SHOP	CREA. STORESENT			ADDI:		PATE	TIONAL
AMENDMENT.	PLAPATO	FOR CO.			AFEE Y		X\$18=	250.00
<b>夏顺沙</b>					200 TO	OP	•	200V
THE PRESENTATION OF M	MOUS ZON AND AND AND AND AND AND AND AND AND AN		1 30 REE	22		ÒЯ	.X8/ =	6
ST-USE MESERVATIONS	1.1.17.00					OR,	+280=	34
AMIL						QЯ	TOTAL ADOIT, FEE	300P
(Column I)		(Cotumn				y.⇒ ***		
G. READING		ABER ST PRESENT		ATS	ADDI. TIONAL		RATE	ACDI- TIONAL
APTER AMENOMENT	PAI	OFOR EXTRA	4		FEE			FEE
	Minus Time			3.0		OR	X\$16=	
Independent . 3	Minus /			ζĂ2•		QЯ	X84=	
FIRST PRESENTATION OF	OLTIPEE DEPENDE	11.00	4	140=	1.	OR	+280=	-/-
			A 15 Aug.	TOTAL OIL FEE		OR	ADDIT, FEE	
10/ (a/F) 5 (Column 1)	(CO)	umn 2) (Column		N. j.		•	•_ :	<i>:.</i>
C) CAIMS	- RIX	REST: PRESENT			ADDI-	1.	RATE	ADDI- TIONAL
	PRE	NOUSLY EXTRA	.1 L	AJE .	FEE	1 .	PAIE	FEE
AFTER # AMENDMENT  Total  Independent  FIRST PRESENTATION OF	Minus	•	15	<b>(\$ 9</b> =		ОЯ	X\$18=	
Independent • 3	Mimus	•		(424	Store 1	OR	. X84=	
						1	- 600	· ·
TOTAL CONTRACT OF THE CONTRACT								
will be digited by the by Action by the trail of the control of th								
The Highest Number Previously Paid For IN THIS SPACE is test than 3, and 1 1.  The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.  The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.								

FORM PTO-475 (Flox 601)

